Hamilton County Sheriff's Office Bike Team Request for Service

Type of Request:		
Area Patrol	Bike Safety Program	☐Bike Rodeo
For Area Patrol:		
Location:		
Hours or Days:		
Reason for Request:		
Contact Person:	Telephone:	
For Bike Safety P	rogram and Bike Rodeo:	
Contact Person:		
Organization:		
Address:		
Contact Telephone Num	ıber:	
Number of participants:	: Age Range of Pa	rticipants:
Tentative Date/Time for	Program or Rodeo:	
Return completed Hamilton County Sherif c/o Deputy Scott Goff 18100 Cumberland Roa	ff's Office Bike Team	

Noblesville, IN 46060

Or email to: scott.goff@hamiltoncounty.in.gov